

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	R H	49	8/24 09-21-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW		535	
RESPONSE FORMALITY REVIEW			

BEST AVAILABLE COPY

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	7/14/01
Original	09-09-01
1	✓ ✓ ✓
2	✓ ✓ ✓
3	✓ ✓ ✓
4	✓ ✓ ✓
5	✓ ✓ ✓
6	✓ ✓ ✓
7	✓ ✓ ✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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886  
6/24/01